

ISSUANCE DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005348

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 836 STATE FILE NUMBER

DATE AMENDED: 2-23-61
 INSTEAD OF: Joseph Grydes
 DOCUMENT: Joseph Grydes
 SHOULD READ: Joseph Grydis
 BY AFFIDAVIT OF Funeral Home: Hugh H. Owens
 ITEM NO.: 3

FILED VS MAR 3 1961

1. PLACE OF DEATH
 a. COUNTY **Jackson**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Mo.** b. COUNTY **Jackson**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Kansas City** Length of stay in 1b **45 Years**

c. CITY OR TOWN **Kansas City** Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **1800 Manchester** Inside Limits Yes No

d. STREET ADDRESS **1800 Manchester** (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **Joseph** Middle **-Grydes** Last **Grydis**

4. DATE OF DEATH Month **2** Day **15** Year **1961**

5. SEX **male** 6. COLOR OR RACE **white** 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH **4-7-1890** 9. AGE (last birthday) **70**

IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during part of working life, if retired) **Retired Laborer**

10b. KIND OF BUSINESS OR INDUSTRY **Kuhlman Diecasting**

11. BIRTHPLACE (City and state or country) **Litvina, Russia**

12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Unknown** 13b. MOTHER'S MARDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **None**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If Yes, give year or dates of service) **yes W.W.I.**

17. INFORMANT **Michael Minke** **7201 E. 17th st. Kansas City, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Coronary Occlusion**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____

21. I attended the deceased from _____ to _____ and last saw her alive on _____
 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Hugh H. Owens** 22b. ADDRESS **152 Union Station** 22c. DATE SIGNED **2-17-61**

23a. BURIAL, REMOVAL, or REMOVAL (Specify) **Burial** 23b. DATE **2-18-1961** 23c. NAME OF CEMETERY OR CREMATORY **Mt. Olivet cemetery** 23d. LOCATION (City, town, or county) (State) **Kansas City, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Sheil Funeral Home K.C. Mo.** 25. DATE RECD. BY LOCAL REG. **2-17-61** 26. REGISTRAR'S SIGNATURE **Ruth Long**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by DOUGLAS E. HOBSON, Student Embalmer No. 626

working under my personal supervision.

Student Douglas E. Hobson
Signature of Student Embalmer

Signed Richard C. Carroll

Licensed Embalmer No. 4829

P. O. Address KC Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.